

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 09/831393
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	4	0	2	0	0	0
TOTAL DER.	3	0	3	0	0	0
TOTAL CLAIMS	7	0	3	0	0	0

TOTAL IND. 0
TOTAL DER. 0
TOTAL CLAIMS 0

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS